



**TOWN OF SCITUATE BOARD OF HEALTH**  
**APPLICATION FOR PERMIT – RUBBISH REMOVAL**  
**FEE: \$100.00 PER TRUCK**

Date: \_\_\_\_\_

New Application ☐

Renewal ☐

*In accordance with provisions of the Statutes relating thereto, application for a permit is hereby made by:*

Name (individual):	
Company Name (if different):	
Email Address:	
Address:	
Telephone Number:	
Truck Registration:	
DPU #:	

*Pursuant to MGL CH 62c, SEC 19, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all State Tax Returns and paid all State Taxes required under the law.*

Signature:	
Social Security or Federal I.D.:	

FEE: \$100/Truck: \_\_\_\_\_

Worker's Comp Certificate: \_\_\_\_\_

Insurance Liability Certificate: \_\_\_\_\_

<b>Reviewed by Director, Public Health:</b>	APPROVED <input type="checkbox"/>	DENIED: <input type="checkbox"/>
OTHER/NOTES:     		

Date Recieved: \_\_\_\_\_

Check#: \_\_\_\_\_

Permit#: \_\_\_\_\_

Return to: Scituate Board of Health  
600 Chief Justice Cushing Highway  
Scituate, MA 02066